The Human Mind & Society Framework

Foundational Document for DHP and the Cognitive Layer of FIT

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1. Purpose

This document outlines the conceptual foundation behind my work on mental health, neurodivergence, and the Dynamic Harm Principle (DHP). It distils the core ideas from my broader writing into a standalone framework that explains how society interprets minds, why certain minds are marginalised, how cultural patterns shape mental-health narratives, and how ancient and modern attitudes diverge.

This is not a summary of my book *What They Don't Want To Hear*. It is the distilled architecture behind it.

2. The Human Layer of Mental Health

Mental health is shaped not only by biology and psychology, but by culture, expectation, social instinct, inherited norms, and fear of difference. People often deny or minimise others' lived experience because acknowledging it threatens their worldview. This is a comfort-preservation reflex, not a rational assessment.

3. Denial as a Cultural Pattern

Across societies, people tend to protect their worldview, avoid discomfort, dismiss unfamiliar experiences, and retreat into simple explanations. This creates a predictable pattern:

> When someone describes their inner world, society often denies it to protect its own comfort.

This denial is not ignorance; it is a defence mechanism.

4. Neurodivergence as an Ancient Human Role

For most of human history, people with unusual cognitive patterns were not marginalised—they were essential. They served as shamans, seers, healers, pattern-readers, visionaries, and ritual specialists. Their traits were functional specialisations, not pathologies.

Modern society reframes these same traits as disorders. This is cultural amnesia, not scientific truth.

5. The Historical Shift

Humanity moved through three phases:

1. **Ancient Respect** — Different minds were valued for different roles.
2. **Medieval Suppression** — Doctrine replaced diversity; difference became heresy.
3. **Modern Pathologisation** — The medical model reframed cognitive variation as illness.

6. Masking and the Invisibility Problem

Many neurodivergent people learn to hide their traits to avoid punishment or misunderstanding. Masking creates exhaustion, burnout, depression, and identity confusion. From the outside, masked individuals appear "fine." Inside, the effort is immense. This invisibility fuels denial.

7. Confirmation Bias and Mental Health

People tend to believe what feels familiar, what protects their worldview, and what aligns with their assumptions. This affects how mental health is perceived, how diagnoses are understood, and how people respond to others' suffering. Critical thinking requires recognising this bias and actively countering it.

8. The Ethical Core

At the heart of this framework is a simple principle:

> Lived experience is valid. Dismissing it is harm.

Compassion is not optional—it is the minimum requirement for understanding another human mind.

9. Why This Framework Exists

This framework exists because society repeatedly fails to understand cognitive diversity; denial is built into cultural instinct; ancient knowledge about neurodivergent roles has been lost; and modern systems often harm the people they claim to help.

This document provides the conceptual foundation for DHP and the cognitive layer of FIT.